

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

TNTOY	EC/TD	TT	MATNTENANCE	REPORT

PEPORT #

INTOX EC/IR II				KEPORT #3	
Complete this report at the time of	the regular monthl	ly preventive maint	enance check (not to exceed	35	
days). Complete this report whenever	er the instrument is	s serviced or repai	red and whenever it is placed	d	
into service. Retain the original a		nin 15 days to the			
INTOX EC/IR II SN	NAME OF AGENCY		DATE OF INSPECTION		
12676	FLORISSANT POLIC	CE	09/10/2024		
LOCATION OF INSTRUMENT (STREET AND CITY)			TIME OF INSPECTION		
1700 US HWY 67 FLORISSANT			08:47 CDT		
CHECKLIST: Place a mark in the box	by each item if for	and to be satisfact	ory or is operating within		
established limits. (Write in obser	rved values where de	etermined). Unmark	ted items must be corrected		
before using instrument.					
X DIAGNOSTIC RECORD		<u></u>			
X BLANK CHECK		X CO2 CHECK			
X FC 1 TEMP		X FLOW CHECK			
X SRC TEMP		X FCB CHECK			
X DET TEMP		X CRC COMP CHECK			
X BT TEMP		X CRC CAL CHECK			
X STD 2 TEMP		X PRINT TEST			
		A TRIMI 1881	X PRINT TEST		
X ETH CHECK					
BREATH ANALYZER ACCURACY STANDA	ARDS				
SIMULATOR SOLUTION			X COMPRESSED ETHANOL-GAS MIXTURE		
X STANDARD SUPPLIER Intox:	imeters	LOT# AG304601	EXP. DATE 02/	15/2025	
SIMULATOR TEMP (34°C +0.2°C)	SIM.	SN	SIM. NIST EXP DATE		
X CALIBRATION CHECK - (ONLY ONE	STANDARD IS TO	BE USED PER MAIN	TENANCE REPORT)		
Run three tests using a stand				standard value	
and must have a spread of .00	or less. Mark	the box correspo	onding to the standard sol	ution being	
used.		-			
X 0.10% STANDARD - MUST READ	BETWEEN 0.095% AI	ND 0.105% INCLUS	IVE		
0.08% STANDARD - MUST READ					
0.04% STANDARD - MUST READ					
TEST 1 0.098 g/210L	TEST 2 0.098	g/210L	TEST 3 0.098 g/210L		
INDICATE THE NUMBER OF BREATH	ESTS IN THE FOLL	OWING RANGES SING	CE THE LAST MAINTENANCE RE	PORT:	
		.,			
REFUSALS 0 004 0	.0509 0	.1014 0	.1519 0 OVER .19	0	
LIST ANY NEW PARTS AND DESCRIBE ANY ALT	ERATION OR MODIFICATIO	N THAT WAS MADE TO RE	STORE THE INSTRUMENT TO OPERATE		
SATISFACTORILY AND WITHIN ESTABLISHED L	IMITS (USE OTHER SIDE	IF NECESSARY).			
September Maintenance Insturmer		ine since mid			
July for building maintenance.	DSN 570				
INSPECTING OFFICER		1 1 7 1			
INSPECTING OFFICER	PRINT FULL NAME				
at 90sk 1 Mitten new	ARTHUR, MICHAEL				
TILD II INCIDENT	ATION DATE	TELEPHONE NUMBER			
240056 02/2	8/2026	(314)831-700	0		
		1			

RETURN COMPLETED REPORT TO THE:

Breath Alcohol Program, Missouri Department of Health and Senior Services,

by mail, fax, or e-mail



Airgas USA LLC (LAB) 3500 Bernard Street St. Louis, Mo. 63103

Ph: (314) 533-3100 Fax: (314) 533-7328

Certificate of Analysis

Customer Name

Exclusive Supplier Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146 Test Date: 15-Feb-2023

Lot # AG304601 Model 108

Exp Date 15-Feb-2025 Cyl. Type 108

Component

Ethanol

Certified Concentration

 $0.100 \pm 2\%$ BrAC (272 ppm)

Nitrogen

Certification Traceable to N.I.S.T. RGM and to CRM Ethanol Standards:

RGM Serial No.	Concentration	RGM Serial No.	Concentration
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010562	104.2 ppm
EB0010561	103.7 ppm	EB0010579	52.94 ppm
EB0010681	52.22 ppm		

CRM Serial No. CC727481 CC727496

Concentration 800.0 ppm 253.0 ppm

CRM Serial No. CC727493 CC727498

Concentration 390.0 ppm 150.0 ppm

Analytical Method: NDIR

Digitally signed by:Quality Control Reason:Dry gas standard certification of analysis Location:Alrgas USA LLC (Lab) Date:02.16.2023 13:50

Approved for Release:

ISO 17025:2017 A2LA accredited. Certificate Number 3082.06 ISO 17034:2016 A2LA accredited. Certificate Number 3082.07



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

MICHAEL R. ARTHUR

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections

DATE 2/28/2024

DATE 2/28/2024

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

EXPIRES 2/28/2026

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

MO 580-0771 (6-10)

LAB-4 (R6-10)

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES



The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired all in Missouri

Operator ARTHUR, MICHAEL

Permit No 240056

Date Issued 2/28/2024 Date Expires 2/28/2026

